Student Medical Information Form

Academic Year: 2025/2026

Confidentiality Notice

All medical information provided will be treated as strictly confidential and used only to support the student's health, safety, and well-being while at school.

1. Student Information

- **Full Name:** _____
- **Date of Birth (DD/MM/YYYY):** ____ / ____ / _____
- **Grade/Class:** _____

2. Emergency Contact Information

- **Primary Contact Name:** _____
- **Relationship to Student:** _____
- **Phone Number:** _____
- **Secondary Contact Name (Optional):** _____
- **Relationship to Student:** _____
- **Phone Number:** _____

3. Medical Conditions

Does the student have any of the following? (Please tick and provide details where applicable)

☐ Asthma
☐ Diabetes
☐ Epilepsy
☐ Heart Condition
☐ Severe Allergies
☐ Other (please specify): _____

Details (including triggers, symptoms, and management):

_____

_____

4. Allergies

- **Food Allergies:** _____
- **Medication Allergies:** _____
- **Other Allergies (e.g. insect stings):** _____

Required Action in Case of Reaction:

_____

_____

5. Medication

- Is the student currently taking any medication? ☐ Yes ☐ No

If yes, please provide details:

- **Name of Medication:** _____
- **Dosage & Instructions:** _____
- **Will medication be needed during school hours?** ☐ Yes ☐ No

6. Medical Support Needs

- Does the student require any medical support during school hours? ☐ Yes ☐ No

If yes, please explain:

_____

_____

7. Doctor Information (Optional)

- **Doctor's Name:** _____
- **Clinic/Hospital:** _____
- **Phone Number:** _____

8. Consent for Medical Treatment

In the event of illness or injury, and if I cannot be contacted, I authorize the school to:

☐ Seek appropriate medical treatment for my child
☐ Administer basic first aid

- **Preferred Hospital (Optional):** _____

9. Additional Information

Please provide any other relevant medical or health-related information:

_____
_____
_____

10. Parent/Guardian Declaration

I confirm that the information provided is accurate and up to date. I agree to inform the school of any changes to my child's medical condition.

- **Parent/Guardian Name:** _____
- **Signature:** _____
- **Date:** ____ / ____ / _____

Office Use Only

- Medical Information Reviewed: ☐ Yes ☐ No
- Special Arrangements Required: ☐ Yes ☐ No
- Notes: _____